



Greater Los Angeles Federal Executive Board

SMART FORMS PACKET

Be SMART

Use SMART



For EEO Complaints, Grievances, & Workplace Disputes, Use

Shared MediAtoR Team

May 2001

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SMART FORMS PACKET

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The SMART HANDBOOK is at www.losangeles.feb.gov or contact:

Andrea Winkler, SMART Coordinator
The Greater Los Angeles Federal Executive Board
300 North Los Angeles Street, Mail Stop 7000
Los Angeles, CA 90012
andrea.winkler@irs.gov
Fax 213 576 3092
Call 800 735 2922 (CA Relay) & Request 213 576 3091 (TTY)

SMART Forms Summary

To keep the SMART HANDBOOK brief, the six required forms are in this PACKET and at www.losangeles.feb.gov.

1. **Request & Intake Form** Agency ADR and EEO officials use this form to request a SMART mediation from the FEB SMART Coordinator by fax or e-mail.
2. **Consent to Mediation** Coordinators, Parties, and Representatives sign this form to confirm that they want a SMART mediation and understand the process.
3. **Settlement Agreement** Mediators use this format should the Parties reach agreement.

4. Confidential Feedback Forms

- Though SMART mediations are free, the one condition of participation is the completion of the confidential feedback forms.
- Feedback is essential to assess the effectiveness of SMART mediations and to identify areas needing improvement.
- Completed forms must be faxed, e-mailed, or sent to the SMART Coordinator, promptly upon completion of the mediation.

- a) **Customer (Party)** Each of the Parties completes a form.
- b) **SMART Mediator** The mediator and co-mediator, if any, complete this form.
- c) **Agency Coordinator** The Federal agency coordinator who requested the SMART mediation, e.g., EEO Officer or Labor Relations Specialist, completes this.

Greater LA Federal Executive Board SMART (Shared Mediator Team)

Request and Intake Form

The following persons request a mediator be assigned from the Shared Mediator Team (SMART). They understand:

- This request **does not stop the timeframes or requirements** for EEO Complaints, Grievances, or other agency processes.
- SMART mediation is completely voluntary and may be stopped at any time.
- If resolution is not reached using SMART, the right to pursue any agency process continues so long as timeframes are met.
- The SMART mediator contacts the parties expeditiously and strives to hold the mediation within a week of contact.
- If a representative will accompany a party, the SMART mediator should be informed in advance.
- If a prompt response is not received from the SMART mediator, contact the SMART Coordinator.
- **Written requests** for SMART are required, by fax or e-mail to: Andrea Winkler, SMART Coordinator, Private fax: 213 576 3092, andrea.winkler@irs.gov. Dial 800 735 2922 & request 213 576 3091 (TTY). Web Site: www.losangeles.feb.gov

ITEM	NAME	TITLE	ADDRESS	E-MAIL	PHONE	FAX
Federal Agency Name:	Coordinator					
Complainant						
Representative						
Other Party						
Representative						
Date Submitted						
Relationship between the Parties	Example: Manager & Employee					
How did the parties hear of SMART?						

Greater LA Federal Executive Board SMART (Shared Mediator Team)

Request and Intake Form

ISSUE Summary	
Remedy Requested	

SMART Coordinator completes the following:

Case Number	
Receipt Date	
Closed Date	

Item	Name	Agency	Address	E-mail	Phone	Fax
Mediator						
Co-Mediator						
Agreement?						

Greater LA Federal Executive Board

SMART (Shared Mediator Team) Consent to Mediation

After all appropriate signatures are obtained, please fax or mail this form to:

- Andrea Winkler, SMART Coordinator, Greater LA Federal Executive Board
- 300 North Los Angeles Street, **MS 7000**
- Los Angeles, CA 90012
- Private fax: **213 576 3092** (no cover sheet needed); andrea.winkler@irs.gov
- Dial 800 735 2922 & request 213 576 3091 (TTY).

1. This is a consent by the parties to attempt to resolve the following issues, by submitting them to mediation:

2. Mediation is a dispute-resolution process that is non-adversarial in nature and seeks to find reconciliation between the parties. The mediation process does not declare winners or losers. The goal is to seek a resolution that is informal, quick and minimizes harm to either party.
3. The Mediator is neutral and committed to treating the matter in a fair and unbiased way. The Mediator's role is to facilitate and help the parties reach a mutually-satisfactory resolution to the problem. The decision-making power rests with the parties, not the Mediator. If the parties do agree on a resolution, the Mediator will NOT impose one nor offer judgment as to which party, if any, is at fault. In certain circumstances, Co-Mediators will be assigned to the matter.
4. The Mediator has no authority to make decisions or act as a judge or arbitrator. The Mediator will not act as an advocate or attorney for any party. To the extent either party wishes to have a representative or legal counsel to consult at any stage in the mediation, that party is responsible for taking steps to obtain such a person.
5. The mediation is a confidential process. Any documents submitted to the Mediator and statements made during the mediation are for settlement purposes only. The parties agree not to subpoena or request the Mediator to serve as a witness, or request or use as evidence any materials prepared by the Mediator for the mediation, with the exception of a settlement document signed by the parties. The parties waive any right of action against the Mediator for any allegation of wrongful conduct while acting in the course of mediation. In no event will the Mediator voluntarily testify on behalf of any party or submit any type of report in connection with this mediation. Matters admissible in a court of law or other administrative process continue to be admissible even though brought up in a mediation session. See 5 USC 574.
6. No party shall be bound by anything said or done at the mediation unless a written settlement is reached and executed by all necessary parties. If a settlement is reached, the agreement shall be put in writing by the Mediator and, when signed and approved by the appropriate authorities for all the parties, the settlement document shall be legally binding upon all parties.
7. The aggrieved party's RIGHTS to pursue informal or formal processes are not waived and will be protected during the mediation process. The aggrieved party's RESPONSIBILITIES to comply with all requirements of any administrative or court process, e.g., time limits, points of contact, ARE NOT WAIVED, and must be satisfied.
8. No admission of guilt or wrongdoing by either party is implied, and none should be inferred, by participation in this process.
9. The parties will sincerely attempt to resolve this matter, cooperate with the Mediator assigned, and give serious consideration to all suggestions made in regard to developing a realistic solution to the problem. The parties will behave in a courteous and non-hostile manner, use appropriate language, and allow the Mediator to interrupt the process, if the Mediator feels a caucus or break is needed to facilitate the mediation process.

Greater LA Federal Executive Board

SMART (Shared Mediator Team) Consent to Mediation

10. The Mediator agrees to notify the parties, their representatives, the appropriate management official, and the SMART Coordinator of the status and results of the mediation process within one working day of termination of the process. This includes settlements, withdrawal, or unsuccessful conclusion of the process.

I understand the above information, agree that mediation is a proper way to attempt to resolve the issue(s), and agree to participate in the mediation process.

AGENCY COORDINATOR (Name): _____

AGENCY: _____

Phone: _____ Fax: _____ E-Mail: _____

DATE _____

* * * * *

I understand the above information, agree that mediation is a proper way to attempt to resolve the issue(s), and agree to participate in the mediation process.

UNION REPRESENTATIVE (IF APPROPRIATE): _____

UNION NAME: _____

Phone: _____ Fax: _____ E-Mail: _____

DATE _____

* * * * *

I understand the above information, agree that mediation is a proper way to attempt to resolve the issue(s), and agree to participate in the mediation process for a full day if needed.

AGGRIEVED PARTY (Name): _____

TITLE: _____

Phone: _____ Fax: _____ E-Mail: _____

DATE _____

* * * * *

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SMART (Shared Mediator Team) Consent to Mediation

I understand the above information, agree that mediation is a proper way to attempt to resolve the issue(s), and agree to participate in the mediation process.

AGGRIEVED PARTY REPRESENTATIVE (IF APPROPRIATE): _____

TITLE: _____

Phone: _____ Fax: _____ E-Mail: _____

DATE _____

* * * * *

I understand the above information, agree that mediation is a proper way to attempt to resolve the issue(s), and agree to participate in the mediation process for a full day if needed.

OTHER PARTY (Name): _____

Phone: _____ Fax: _____ E-Mail: _____

DATE _____

* * * * *

I understand the above information, agree that mediation is a proper way to attempt to resolve the issue(s), and agree to participate in the mediation process.

OTHER PARTY REPRESENTATIVE (IF APPROPRIATE): _____

Phone: _____ Fax: _____ E-Mail: _____

DATE _____

* * * * *

Mediator's Signature

Date

Greater LA Federal Executive Board
SMART (Shared Mediator Team) Settlement Agreement

Having participated in mediation on _____ and having concluded that they have reached a fair and reasonable settlement, the parties hereby agree as follows:

SECTION ONE

Party One _____ agrees to:

- 1.
- 2.
- 3.

SECTION TWO

Party Two _____ agrees to:

- 1.
- 2.
- 3.

SECTION THREE

The Agency _____ agrees to:

- 1.
- 2.
- 3.

SECTION FOUR

1. This settlement agreement has been entered into freely by all parties undersigned.
2. In exchange for the items set forth above, the undersigned parties to this agreement resolve to settle any and all
 - formal EEO complaints
 - union grievances concerning this issue(s)
 - other formal or informal recourses and
 - litigation already in process or that may be contemplated in the future related to this issue(s).
3. This agreement is a binding and enforceable settlement contract.
4. Neither party may change the agreement at a later date without another agreement signed by all parties.
5. This agreement does not constitute an admission of guilt, fault or wrongdoing by either party.
6. This agreement shall be kept confidential.
7. Neither party shall disclose the agreement's terms, except to authorized officials or officials responsible for implementing the agreement, unless agreed by mutual consent of the parties.

Greater LA Federal Executive Board
SMART (Shared Mediator Team) Settlement Agreement

8. This agreement shall not serve as a precedent for resolving any other issue that has been or may be raised by the complainant or any other person.
9. This agreement constitutes the entire agreement and there are no other terms to this agreement except those specified herein.
10. The parties agree to use mediation again if disagreements about this agreement arise later.

Signature of Participant One _____ Date _____

Print Name and Title: _____

Signature of Participant Two _____ Date _____

Print Name and Title: _____

Signature of Union Representative _____ Date _____

Print Name and Title: _____

Signature of Agency Representative _____ Date _____

Print Name and Title: _____

After all appropriate signatures are obtained, please fax or mail a copy of this form to:

- Andrea Winkler, SMART Coordinator, Greater LA Federal Executive Board
- 300 North Los Angeles Street, **MS 7000**
- Los Angeles, CA 90012
- Private fax: **213 576 3092** (no cover sheet needed); andrea.winkler@irs.gov
- Dial 800 735 2922 & request 213 576 3091 (TTY).

Greater LA Federal Executive Board SMART (Shared Mediator Team)

CONFIDENTIAL Customer Feedback Form

SMART needs your feedback to know how the program is working and how it may be improved. Your information is kept confidential. Because this feedback is so important and available only from you, a party to the mediation, completion of this form is the sole requirement for participation in the SMART program. The form is designed for easy completion. Please complete it **before** leaving the mediation session and **fax or mail it within one day** to:

- Andrea Winkler, SMART Coordinator, Greater LA Federal Executive Board
- 300 North Los Angeles Street, **MS 7000**
- Los Angeles, CA 90012
- Private fax: **213 576 3092** (no cover sheet needed)
- andrea.winkler@irs.gov. Dial 800 735 2922 & request 213 576 3091 (TTY).
- Web Site: www.losangeles.feb.gov

Thank you very much for your time and assistance in providing feedback and helping us make SMART smarter to use.

Date of Mediation:	How many hours did the mediation last?
Your Agency Name:	Your Agency Address:

Type of Dispute: EEO _____ Grievance _____ Other (please explain) _____	
Relationship between Parties: Manager/Employee _____ Manager/Manager _____ Employee/Employee _____ Other (please explain) _____	
Nature of Dispute (please summarize the issues): 	
Mediation Outcome: Full settlement _____ Partial settlement _____ No settlement _____ If no settlement was reached, was the mediation completed? Yes _____ No _____	

Greater LA Federal Executive Board SMART (Shared Mediator Team)
CONFIDENTIAL Customer Feedback Form

Item	Please mark one option for Questions 1-21.	Excellent	Good	Average	Fair	Poor
1	How well did the mediator(s) explain the process to all the parties?					
2	How well were you able to present your case?					
3	How well did the mediator(s) listen?					
4	How well did the mediator(s) understand the issues involved?					
5	How well did the mediator(s) clarify key issues and interests of each party?					
6	How well did the mediator(s) help create realistic options for settling the dispute?					
7	How do you rate the impartiality of the mediator(s)?					
8	How well did the mediator(s) create a positive atmosphere?					
9	How would you rate the mediator(s) overall?					
10	How do you rate the outcome of the mediation?					
11	How beneficial was the use of a neutral party from another federal agency?					
12	If this was a co-mediation, how beneficial was having two mediators?					
13	How appropriate was mediation for this matter?					

Greater LA Federal Executive Board SMART (Shared Mediator Team)
CONFIDENTIAL Customer Feedback Form

Item	Please mark one option for Questions 1-21.	Excellent	Good	Average	Fair	Poor
14	How do you rate the timeliness of the mediation (length of time since your request for mediation)?					
15	How do you rate the convenience of the mediation location?					
16	How do you rate the mediation in satisfying your needs?					
17	Were the right parties at the mediation? Yes _____ No _____ If no, who should have been there instead?					
18	Did both sides negotiate in good faith? Yes _____ No _____ If no, please explain.					
19	How did the mediation change your opinion of the other party? For the better _____ For the worse _____ No change _____					
20	Would you recommend mediation to a co-worker? Yes _____ No _____ If no, why not?					
21	Would you use mediation again? Yes _____ No _____ If no, why not?					
22	Please list any other benefits from the mediation, e.g., relationships repaired, money saved, productivity improved, communication enhanced.					

Comments and Suggestions for Improvement:
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Thank you very much! The fax or address to use for this form is on Page 1.

Greater LA Federal Executive Board SMART (Shared Mediator Team)

CONFIDENTIAL Feedback From Mediator

SMART needs your feedback to know how the program is working and how it may be improved. Your information is kept confidential. Because this feedback is so important and available only from you, the SMART mediator, completion of this form is required. The form is easy. Please complete it after all your work on the case is finished and **fax or mail it within one day** to:

- Andrea Winkler, SMART Coordinator, Greater LA Federal Executive Board
- 300 North Los Angeles Street, **MS 7000**
- Los Angeles, CA 90012
- Private fax: **213 576 3092** (no cover sheet needed); andrea.winkler@irs.gov; Dial 800 735 2922 & request 213 576 3091 (TTY).
- Web Site: www.losangeles.feb.gov

Thank you very much for your time and assistance in providing feedback and helping us create the best possible SMART.

Date of Mediation:	Hours for the mediation conference:	Total Hours on the Case:
Federal Agency Involved in Dispute:	Location of Mediation	
Your Name:	Your Work Address:	
Co-Mediator Name:		
Your Agency Name	Your Phone, Fax, & E-mail Address:	
Prior SMART Mediations Completed:	Prior Total Mediations Completed:	

Type of Dispute: EEO _____ Grievance _____ Other (please explain) _____	
Relationship between Parties: Manager/Employee _____ Manager/Manager _____ Employee/Employee _____ Other (please explain) _____	
Nature of Dispute (please summarize the issues):	
Mediation Outcome: Full settlement _____ Partial settlement _____ No settlement _____ If no settlement was reached, was the mediation completed? Yes _____ No _____	

Greater LA Federal Executive Board SMART (Shared Mediator Team)
CONFIDENTIAL Feedback From Mediator

Item	Please mark one option for Questions 1-19.	Superior	Good	Average	Fair	Poor
	Items 1-8: Rate your Co-Mediator or, if none, rate yourself.					
1	How well did the other mediator or you explain the process to all the parties?					
2	How well did the other mediator or you create a positive atmosphere?					
3	How well did the other mediator or you listen?					
4	How well did the other mediator or you understand the issues involved?					
5	How well did the other mediator or you clarify key issues and interests of each party?					
6	How well did the other mediator or you help create realistic options for settling the dispute?					
7	How do you rate the impartiality of the other mediator or you?					
8	How do you rate the other mediator or yourself overall on this mediation?					
9	How well were the parties able to present their cases?					
10	How do you rate the outcome of the mediation?					
11	How beneficial was the fact that the mediator(s) came from a different federal agency from the disputants?					
12	If this was a co-mediation, how beneficial was having two mediators?					
13	How appropriate was mediation for this matter?					
14	How do you rate the timeliness of the mediation (length of time between initial contact with you & mediation conference)? If timeliness was fair or poor, explain circumstances:					
15	How do you rate the convenience of the mediation location?					
16	How do you rate the mediation overall?					

Greater LA Federal Executive Board SMART (Shared Mediator Team)
CONFIDENTIAL Feedback From Mediator

Item	Please mark one option for Questions 1-19.	Superior	Good	Average	Fair	Poor
17	Were the right parties at the mediation? Yes ____ No ____ If no, who should have been there instead?					
18	Did both sides negotiate in good faith? Yes ____ No ____ If no, please explain.					
19	Did the mediation change the relationship between the parties? For the better ____ For the worse ____ No change ____					
20	Your opinion of why the case was or was not settled:					
21	Please list any problems or unusual factors in the mediation or in SMART overall:					
22	Please list any benefits from this mediation, e.g., relationships repaired, money saved, productivity improved, communication enhanced.					

Comments and Suggestions for Improvement:
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Thank you very much! The fax or address to use for this form is on Page 1.

Greater LA Federal Executive Board SMART (Shared Mediator Team)
CONFIDENTIAL Feedback From Agency Coordinator

SMART needs your feedback to know how the program is working and how it may be improved. Your information is kept confidential. Because this feedback is so important and available only from you, the Agency Coordinator, completion of this form is required. The form is easy to complete. Please complete it after all your work on each case is finished and **fax or mail it within one day** to:

- Andrea Winkler, SMART Coordinator, Greater LA Federal Executive Board
- 300 North Los Angeles Street, **MS 7000**
- Los Angeles, CA 90012
- Private fax: **213 576 3092** (no cover sheet needed); andrea.winkler@irs.gov; Dial 800 735 2922 & request 213 576 3091 (TTY).
- Web Site: www.losangeles.feb.gov

Thank you very much for your time and assistance in providing feedback and helping us create the best possible SMART.

Date of Mediation:	Your Total Hours on the Case:
Your Federal Agency:	Location of Mediation:
Your Name:	Your Work Address:
Your Title:	
Your Phone & Fax:	Your E-mail Address:
Prior SMART Mediations Completed for Your Agency:	Total Other Mediations Completed:

Type of Dispute: EEO _____ Grievance _____ Other (please explain) _____	
Relationship between Parties: Manager/Employee _____ Manager/Manager _____ Employee/Employee _____ Other (please explain) _____	
Nature of Dispute (please summarize the issues):	
Mediation Outcome: Full settlement _____ Partial settlement _____ No settlement _____ If no settlement was reached, was the mediation completed? Yes _____ No _____	

Greater LA Federal Executive Board SMART (Shared Mediator Team)
CONFIDENTIAL Feedback From Agency Coordinator

Item	Please mark one option for Questions 1-13.	Excellent	Good	Average	Fair	Poor
1	How well did the mediator(s) perform on this case, based on all information available to you?					
2	How well were the parties able to present their cases, based on all information available to you?					
3	How do you rate the outcome of the mediation?					
4	How beneficial was the fact that the mediator(s) came from a different federal agency than yours?					
5	If this was a co-mediation, how beneficial was having two mediators?					
6	How appropriate was mediation for this matter?					
7	How do you rate the timeliness of the mediation (length of time from your initial contact with SMART to the mediation conference)? If timeliness was fair or poor, provide details:					
8	How do you rate this mediation overall?					
9	How do you rate the SMART program overall?					
10	Will you use SMART again? Yes _____ No _____ If no, why not?					
11	Were the right parties at the mediation? Yes _____ No _____ If no, who should have been there instead?					
12	Did both sides negotiate in good faith, based on all information available to you? Yes _____ No _____ If no, please explain					
13	Did the mediation change the relationship between the parties? For the better _____ For the worse _____ No change _____					
14	Your opinion of why the case was or was not settled:					
15	Please list any problems or unusual factors in the mediation or in SMART overall:					
16	Please list any benefits from this mediation, e.g., relationships repaired, money saved, productivity improved, communication enhanced.					

Comments and Suggestions for Improvement:

Thank you very much! The fax or address to use for this form is on Page 1.